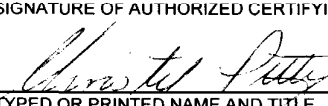


**FINANCIAL STATUS REPORT**  
(Short Form)  
(Follow instructions on the back)

1. Federal Agency and Organization Element to which Report is Submitted  <b>Denali Commission</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency <b>0048-DC-2002-11</b> Bulk Fuel Consolidation Upgrades & Power Generation		OMB Approval No. 0348-0039		Page 1 of 1	
3. Recipient Organization (Name and complete address, including ZIP code) <b>STATE OF ALASKA, DEPARTMENT OF COMMUNITY &amp; ECONOMIC DEVELOPMENT Alaska Energy Authority 813 West Northern Lights Blvd. Anchorage, Alaska 99503</b>							
4. Employer Identification Number <b>92-6001185</b>		5. Recipient Account Number or Identifying Number <b>AR 32624 / 25-05, AR 55123-03</b>		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) <b>2/1/2002</b>		To: (Month, Day, Year) <b>1/31/2003</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>2/1/2002</b>		To: (Month, Day, Year) <b>6/10/2002</b>	
10. Transactions:				I Previously Reported		II This Period	
				III Cumulative			
a. Total outlays				<b>18,707,823.79</b>		<b>4,799,058.27</b>	
b. Recipient share of outlays (Grant does not have a match requirement)				<b>0.00</b>		<b>0.00</b>	
c. Federal share of outlays				<b>18,707,823.79</b>		<b>4,799,058.27</b>	
d. Total unliquidated obligations				<b>0.00</b>			
e. Recipient share of unliquidated obligations				<b>0.00</b>			
f. Federal share of unliquidated obligations				<b>0.00</b>			
g. Total federal share (Sum of lines c and f)				<b>23,506,882.06</b>			
h. Total Federal funds authorized for this funding period				<b>53,838,675.00</b>			
i. Unobligated balance of Federal funds (Line h minus line g)				<b>30,331,792.94</b>			
11. Indirect Expense		a. Type of Rate (Place "X" in Appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
		b. Rate		c. Base		d. Total Amount	
		e. Federal Share					
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation							
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents							
Typed or Printed Name and Title <b>Christel Petty, Accountant</b>				Telephone (Area code, Number and extension) <b>(907) 269-3014</b>			
Signature of Authorized Certifying Official 				Date Report Submitted <b>6/27/02</b>			

Standard form 269A (REV 4-88)  
Prescribed by OMB Circular A-102 and A-110

<b>REQUEST FOR ADVANCE OR REIMBURSEMENT</b>  <b>Bulk Fuel Consolidation Upgrades &amp; Power Generation</b>		OMB APPROVAL NO. 0348-0004		Page 1 of 1
		1. TYPE OF PAYMENT REQUESTED a. "x" one, or both boxes <input type="checkbox"/> ADVANCE <input checked="" type="checkbox"/> REIMBURSEMENT b. "x" the applicable box <input type="checkbox"/> FINAL <input checked="" type="checkbox"/> PARTIAL		2. BASIS OF REQUEST <input checked="" type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED <b>Denali Commission</b>		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY <b>0048-DC-2002-11</b>		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST <b>1</b>
6. EMPLOYER IDENTIFICATION NUMBER <b>92-6001185</b>	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER <b>AR55123-03 AR32624-05 AR32625-05</b>	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year) <b>2/1/2002</b> TO (month, day, year) <b>6/10/2002</b>		
9. RECIPIENT ORGANIZATION <b>Alaska Energy Authority 813 West Northern Lights Blvd. Anchorage, AK 99503</b>		10. PAYEE (Where check is to be sent is different than item 9)		
<b>11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED</b>				
PROGRAMS / FUNCTIONS / ACTIVITIES	(a) BULK FUEL	(b) RPSU	(c) OTHER	TOTAL
a. Total program outlays to date (As of date) <b>6/10/2002</b>	<b>17,564,614.91</b>	<b>5,234,053.93</b>	<b>708,213.22</b>	<b>23,506,882.06</b>
b. Less: Cumulative program income				
c. Net program outlays (line a minus line b)	<b>17,564,614.91</b>	<b>5,234,053.93</b>	<b>708,213.22</b>	<b>23,506,882.06</b>
d. Estimated net cash outlays for advance period				
e. Total (Sum of lines c & d)	<b>17,564,614.91</b>	<b>5,234,053.93</b>	<b>708,213.22</b>	<b>23,506,882.06</b>
f. Non-Federal share of amount on line e				<b>0.00</b>
g. Federal share of amount on line e	<b>17,564,614.91</b>	<b>5,234,053.93</b>	<b>708,213.22</b>	<b>23,506,882.06</b>
h. Federal payments previously requested	<b>13,524,155.58</b>	<b>4,666,414.89</b>	<b>517,253.32</b>	<b>18,707,823.79</b>
i. Federal share now requested (Line g minus line h)	<b>4,040,459.33</b>	<b>567,639.04</b>	<b>190,959.90</b>	<b>4,799,058.27</b>
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month			
	2nd month			
	3rd month			
<b>12. ALTERNATE COMPUTATION FOR ADVANCES ONLY</b>				
a. Estimated Federal cash outlays that will be made during period covered by the advance				
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period				
c. Amount requested (Line a minus line b)				
<b>13. CERTIFICATION</b>				
I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 		DATE REQUEST SUBMITTED <b>6/27/02</b>	
	TYPED OR PRINTED NAME AND TITLE <b>Christel Petty Accountant</b>		TELEPHONE (AREA CODE, NUMBER, EXTENSION) <b>(907) 269-3014</b>	
This space for agency use				